

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 MAR -7 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003312

1. Corporation Name

HAITI MISSIONS, INC.

2. Principal Office Address - No P.O. Box #

18916 SE 162nd St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 37

Suite, Apt. #, etc.

City & State

Weirsdale, FL

City & State

Weirsdale, FL

Zip

32195

Country

Marion

Zip

32195

Country

Marion

CR25081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
06-05-1998

5. FEI Number

59-3536008

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT JOHNSON

Street Address (P.O. Box Number is Not Acceptable)

971 ALTAMONTE DRIVE

Suite, Apt. #, Etc.

City

ALTAMONTE SPRINGS,

State

FL

Zip Code

32701

200283028642
03/07/16--01035--030 **\$12.50

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Robert Johnson

REGISTERED AGENT MUST SIGN

Date 1-29-16

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DIR	JOHNNY WALKER	18916 SE 162nd St	Weirsdale, FL 32195
DIR	ROBERT JOHNSON	971 E. Altamonte Dr	Altamonte Sprgs, FL 32701

REINSTATEMENT

2010-2016

10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Johnny Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-16

Date

352-821-8748

Daytime Phone